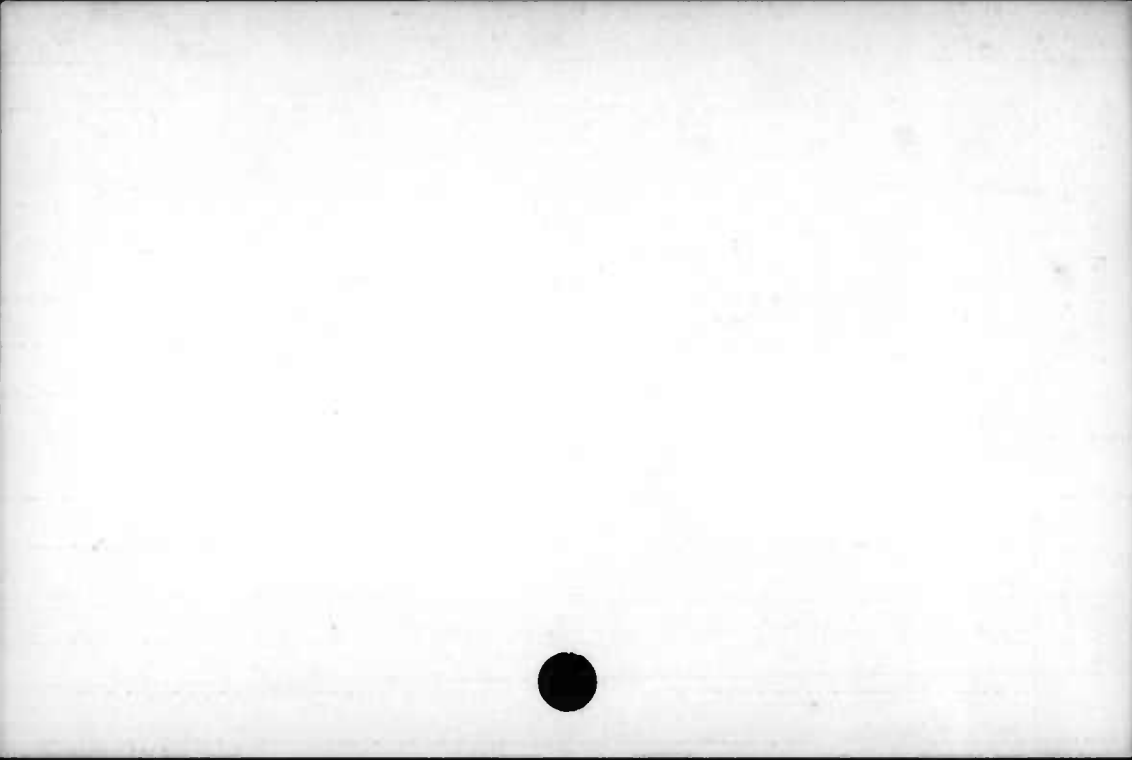


Name in Full		Sarah Blake				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Died at		Holland cliff	Calvert			
	Date of death 1903	Month	Day	Age	Years	Months	Days
	Date of death 1903		Sept	9	10		
	Sex	Female	Color or Race	black	Birth-place	Cal. Co.	
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
PHYSICIAN OR CORONER	Father's Name			John Blake		Father's Birthplace Cal. Co.	
	Mother's Maiden Name			Abbie Holland		Mother's Birthplace " "	
	Name of person giving information			Holiday Blake		How related to deceased Grandfather	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			Miliary Tuberculosis		How long 2 months	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			yes		Signature of Physician J. W. Leitch	
				Address		Huntingtown Md.	
	Accident or Suicide?						



Name in Full

Certificate of Death

Delia B. Dawkins

Town

County

Died at

Mutual

Calvert

MARYLAND

Date 19

03

Sept 22

Age

64 4 12

Native of

Calvert Co House wife

Occupation

Race

White

Married

Never

Never

Sex

Female

Never

Single

Never

Number of children living

None

Husband

Wife

Father's

Name

Cause of

Primary

Paralysis

Death

Immediate

Summer

Mother's

Maiden Name

Rebecca Burk

How long sick

Three years

Suicide, Homicide

Reported by

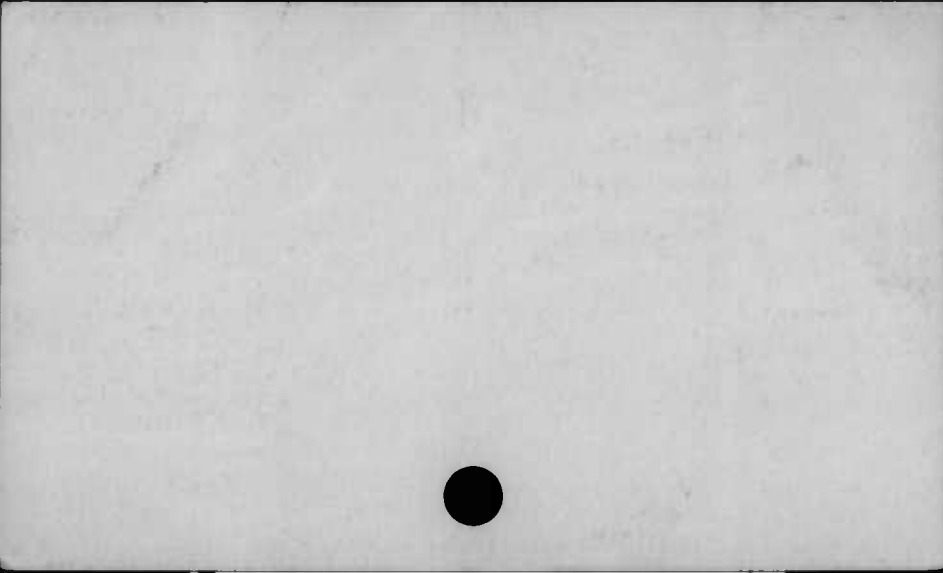
Arthur A. Horner

Address

Mutual, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Ida Alice Douglass

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Olivet		Calvert		MARYLAND	
Date		Month		Day		Year	
of death 190		3		Sept		18	
Age		29		Months		Days	
Sex		Female		Color or Race		Colored	
Married, Single or Widowed		Married		Occupation		Homemaker	
Name of Wife or Husband		William A Douglass		Father's Name		Jas A. Tolson	
Mother's Maiden Name		Unknown		Father's Birthplace		St Marys G Md	
Name of person giving information		William A Douglass		Mother's Birthplace		Unknown	
				How related to deceased		Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Malaysia		How long		about 10	
Immediate		Abortion		How long		days	
Are the name, age, sex, color, date and place correctly given above?		I think so		Signature of Physician		Dr. J. L. Chambers	
				Address		Coor Pt Md	



Name in Full

Certificate of Death

*Herola Elizabeth Elliott*  
 Town County

*16*

Died at *Borris Dr. Calvert*

MARYLAND

Date 19*63* Month *Sept* Day *12* Age *1* Y. M. D. Native of *md* Occupation *Child*

Male ☒ White Married ☒ Widowed ☒ Divorced ☒  
 Female ☐ Colored Single ☐ Widower ☐ Number of children living *105*

Husband of  
 Wife

Father's Name *Nelson Elliott* Mother's Maiden Name *Lilly B. Smith*

Cause of Death { Primary *Croup* How long sick *14 days*  
 Immediate *Syk ane him* Accident, Suicide, Homicide

Reported by *R. B. Smith*

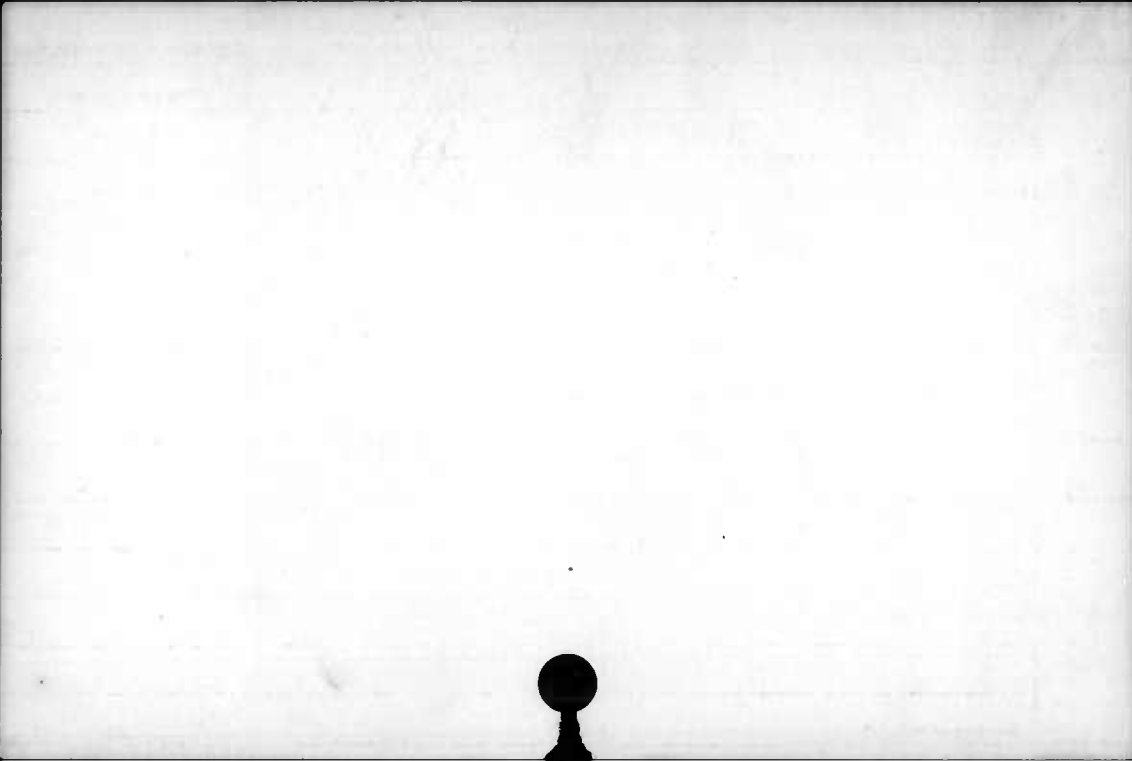
Address *Murphy St*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

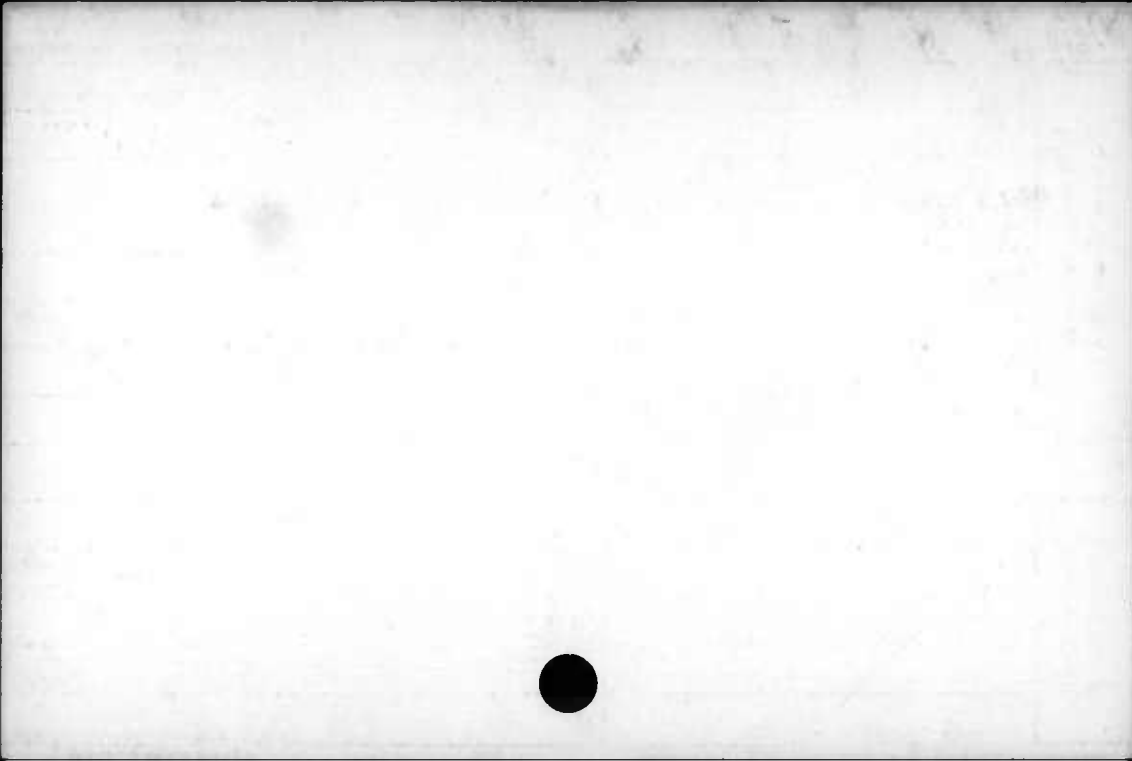




Name in Full		Samuel L. Gibson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Huntingtown</u> <sup>Town</sup>		<u>Culbert</u> <sup>County</sup>		MARYLAND		
	Date of death 1903	Month <u>Sept.</u>	Day <u>27</u>	Age <u>72</u>	Months <u>2</u>	Days <u>12</u>	
	Sex <u>Male</u>	Color of Race <u>White</u>		Birth- place <u>Cal. Co.</u>			
	Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>				
	Name of Wife or Husband <u>Margaret A. Lyon</u>						
	Father's Name <u>Samuel L. Gibson</u>			Father's Birthplace <u>Cal. Co.</u>			
	Mother's Maiden Name <u>Mary Ann Watson</u>			Mother's Birthplace <u>" "</u>			
Name of person giving Information <u>Stanley Gibson</u>				How related to deceased <u>Son</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Erysipelas</u>			How long <u>4 weeks</u>			
	Immediate <u>Exhaustion</u>			How long			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>J. W. Leitch</u>			
				Address <u>Huntingtown</u>			
	Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Dunkirk</i> Town			County <i>Calvert</i>			MARYLAND	
		Date of death 190 <i>3</i>		Month <i>Sept.</i>	Day <i>25</i>	Age <i>70</i>	Years	Months	Days
		Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Calvert Co.</i>			
		Married, <del>Single</del> <i>Single</i> or <del>Widowed</del>			Occupation <i>Farmer</i>				
		Name of Wife or Husband <i>Sarah Johnson</i>							
		Father's Name <i>William Johnson</i>				Father's Birthplace <i>Calvert Co.</i>			
		Mother's Maiden Name <i>Harriet A. Cross</i>				Mother's Birthplace <i>Calvert Co.</i>			
PHYSICIAN OR CORONER		Name of person giving information <i>Joseph Young</i>				How related to deceased <i>None</i>			
		CAUSES OF DEATH							
		Primary <i>Gastritis</i>				How long <i>about 3 weeks</i>			
		Immediate <i>Same</i>				How long			
		Are the name, age, sex, color, date and place correctly given above? <i>as near as possible</i>				Signature of Physician <i>E. H. Humeau</i>			
						Address <i>Tr. Marlboro, Md.</i>			
		Accident or Suicide?							



Name in Full

Certificate of Death

Mrs Minnie Julian

20

Died at <sup>Town</sup> Walden

County Calvert

MARYLAND

Date 1903	Month Sept.	Day 20	Age 24	Y.	M.	D.	Native of Calvert	Occupation
Male	White	Married	Widow			Divorced		
Female	Colored	Single	Widower			Number of children living	One	

Husband of Mrs. Julian

Wife of

Father's Name Jerry - Thomas

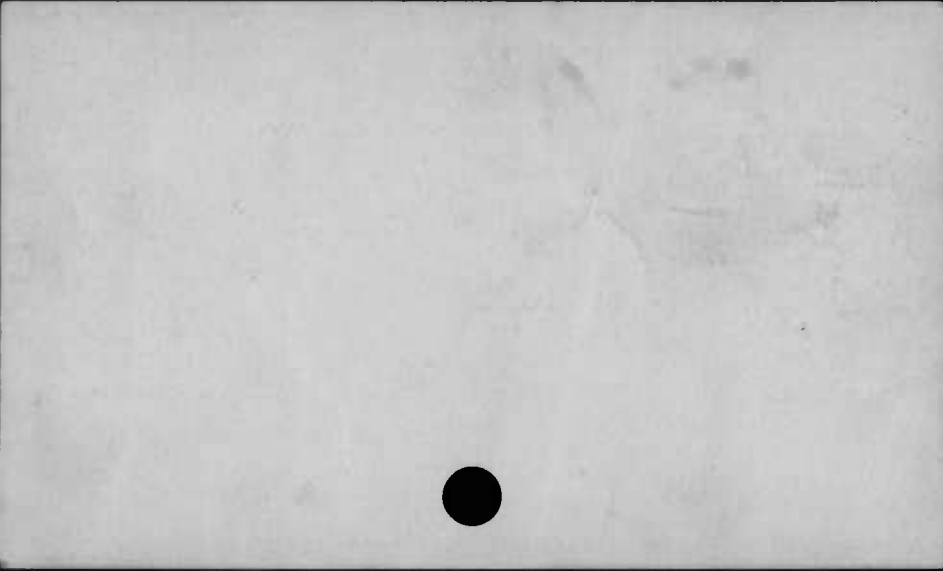
Mother's Maiden Name Mary D. Perry

Cause of	Primary	How long sick
Death	Immediate	Accident, Suicide, Homicide

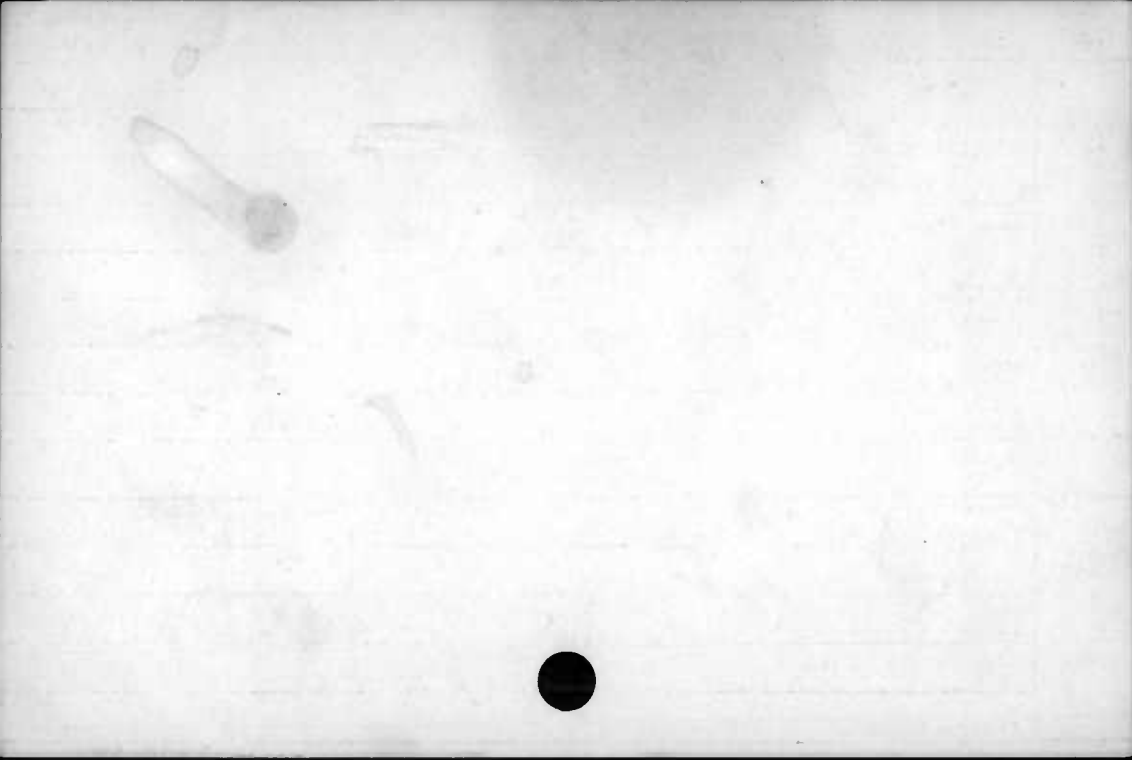
Reported by John. J. Brantley

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Swedie Kelly				19		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Port Republic		County		MARYLAND		
	Date of death 190		Month	Day	Age		Years		Months
	Sex		Color or Race			Birth-place			
	Married, Single or Widowed				Occupation				
	Name of Wife or Husband								
	Father's Name				Father's Birthplace				
	Mother's Maiden Name				Mother's Birthplace				
Name of person giving information				How related to deceased					
				CAUSES OF DEATH		Typhoid fever			
PHYSICIAN OR CORONER	Primary					How long			
	Immediate					How long			
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician			
						Address			
Accident or Suicide?									





Name  
in  
Full

William Parker, Jr.

18  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Simons</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death 1903	Month <i>Sept.</i>	Day <i>15</i>	Age <i>15</i> Years	Months <i>15</i>	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>St. Simons</i>		
Married, Single or Widowed			Occupation <i>Ches. Lab.</i>		
Name of Wife or Husband					
Father's Name <i>Wm Parker</i>			Father's Birthplace <i>Calvert Co Md</i>		
Mother's Maiden Name <i>Ernest Wallace</i>			Mother's Birthplace <i>Calvert Co Md</i>		
Name of person giving information <i>Wm Parker</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bronchitis</i>	How long	<i>6 Days</i>
Immediate	<i>0</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>Frederick B. Smith</i>	
<i>Yes</i>		Address <i>Undertaker</i>	
Accident or Suicide?		<i>Medical</i>	



Name  
in  
Full

Richard H. Patterson

15-  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

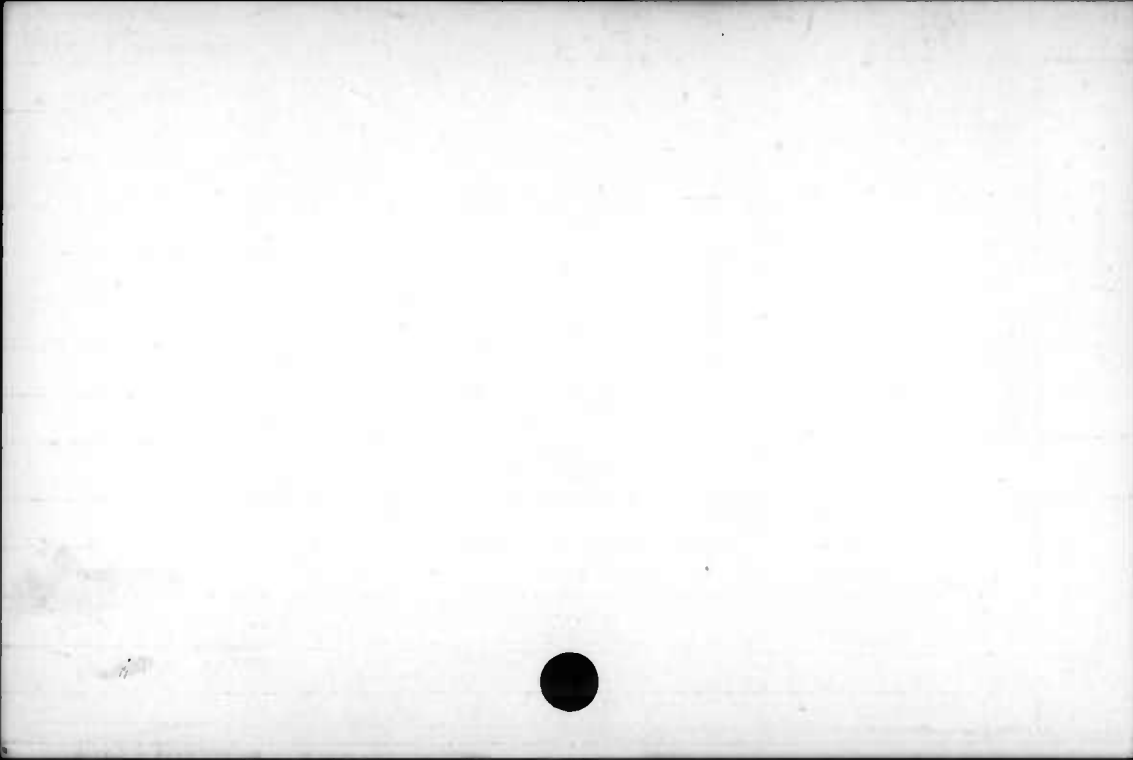
MARYLAND

Died at <i>near Mutual</i>		Town <i>Calvert</i>		County	
Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>3</i>	Age <i>9</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert Co</i>	Occupation <i>Adult Labor</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Jno Patterson</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Annie Cornhill</i>			Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Jno Patterson</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malaria</i>	How long <i>2 mths</i>
Immediate <i>Dropsy</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>Dr. J. B. Smith</i>
<i>Yes</i>	Address <i>Mutual</i>
Accident or Suicide?	<i>No</i>



Name  
in  
Full

Edward A. Stottell

## CERTIFICATE OF DEATH

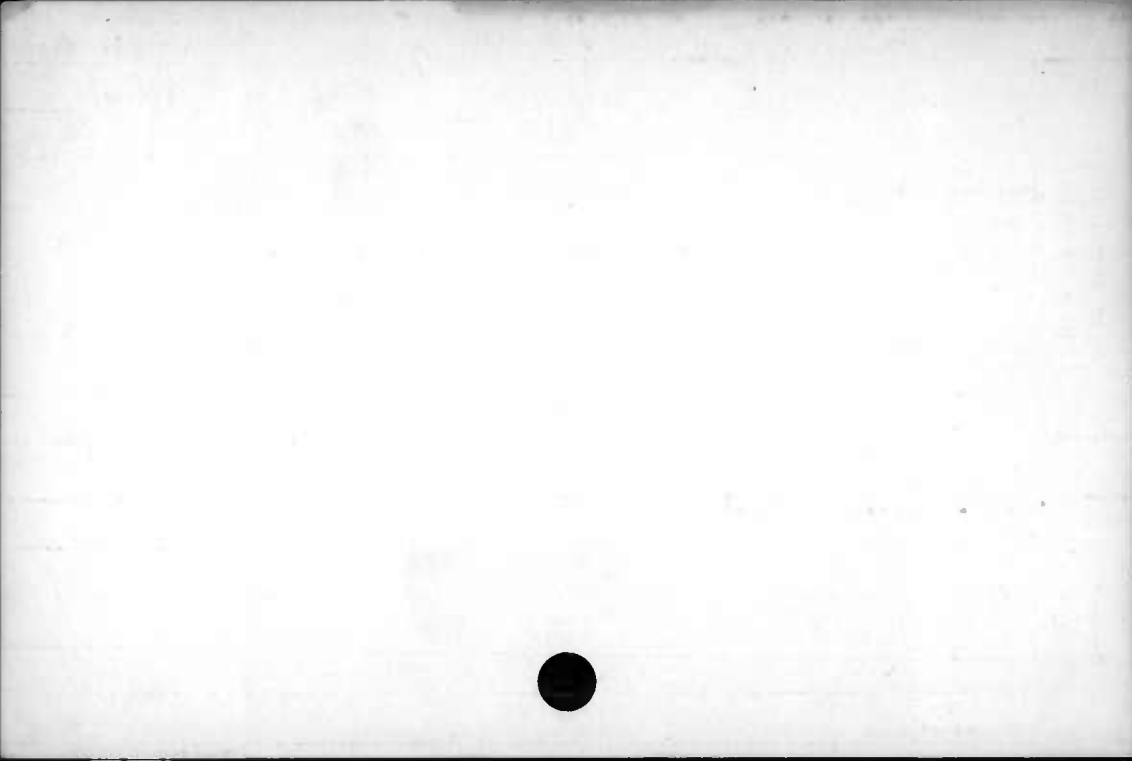
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Huntingtown		County Calvert		MARYLAND	
Date of death 1903	Month Sept.	Day 30	Age 40	Years	Months 6	Days	
Sex Male		Color or Race Black		Birth- place A. A. Co. Md.			
Married, Single or Widowed married		Occupation Minister					
Name of Wife or Husband Lilly Smith							
Father's Name Charles Stottell		Father's Birthplace A. A. Co. Md.					
Mother's Maiden Name Sarah Jane Young		Mother's Birthplace A. A. Co. Md.					
Name of person giving In formation " " "		How related to deceased mother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid fever	How long 51 days
Immediate Exhaustion	How long 1
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. W. Leitch
	Address Huntingtown Md.
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

